



HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

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Susan C. Kelly, R.S.
Health Officer

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Deputy Health Officer

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Application for Change of Ownership Inspection

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

New Owner of Business: _____

New Owner Address: _____

New Owner Phone: _____

New Name of Facility (If applicable): _____

Official Use Only

Fee Paid: _____

Inspection Date _____

HACCP Received: _____